

State of Idaho
DEPARTMENT OF INSURANCE

JAMES E. RISCH
Governor

700 West State Street, 3rd Floor
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Phone (208) 334-4250 Fax (208) 334-4298
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SHAD PRIEST
Acting Director

REQUEST FOR PUBLIC RECORDS

I request: ☐ to examine and/or copy the following record(s); or,
☐ a certified copy of the following records(s)

FURTHER DESCRIPTIVE INFORMATION:

Department Use Only

Date Received _____

Received By _____

☐ Mail ☐ Faxed ☐ Walked-in

Payment received for one (1) copy
each _____ documents and labor
of _____ (if applicable).

Amount Received _____

Receipt Number _____

PLEASE PRINT

Date of Request: _____ Telephone No.: _(____)_____

Name: _____

Address: _____

_____ city

_____ state

_____ zip

Return form to: Idaho Department of Insurance 700 W. State St. 3rd Floor; P.O. Box 83720; Boise, ID
83720-0043

If applicable, to be completed by the Custodian:

More than three (3) working days are needed to copy or retrieve the above requested records.
The records will be provided within ten (10) working days of the request.

Custodian's initials _____